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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. _____	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor <u>SCOTT MULLEN</u>	
		Title <u>VIRTUAL FIXTURING</u>	
		Express Mail Label No. _____	
<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input type="checkbox"/> Specification [Total Pages <input type="text"/> ] (preferred arrangement set forth below)		a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the invention		b. Specification Sequence Listing on:	
- Cross Reference to Related Applications		i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
- Statement Regarding Fed sponsored R & D		ii. <input type="checkbox"/> paper	
- Reference to sequence listing, a table, or a computer program listing appendix		c. <input type="checkbox"/> Statements verifying identity of above copies	
- Background of the Invention			
- Brief Summary of the Invention			
- Brief Description of the Drawings (if filed)			
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- Claim(s)			
- Abstract of the Disclosure			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input type="text"/> ]			
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6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:			
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ / _____			
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<input type="checkbox"/> Customer Number or Bar Code Label  or <input checked="" type="checkbox"/> Correspondence address below			
Name <u>SCOTT MULLEN</u>			
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